

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 23, 2005 8:00 am**  
**Secretary of State**

06-23-2005 90001 007 \*\*\*150.00

|                                                       |                                                                                   |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # <b>P04000032354</b>                        |  |
| 1. Entity Name<br><b>SURF + TURF REAL ESTATE, INC</b> |                                                                                   |

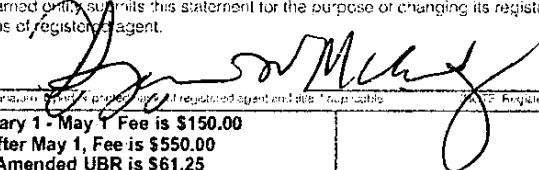
**DO NOT WRITE IN THIS SPACE**

|                                                                  |                            |                                                      |                            |
|------------------------------------------------------------------|----------------------------|------------------------------------------------------|----------------------------|
| 2. Principal Place of Business<br><b>1194 MAHOGANY MILL ROAD</b> |                            | 3. Mailing Address<br><b>1194 MAHOGANY MILL ROAD</b> |                            |
| Suite, Apt. #, etc.<br><b>#1</b>                                 |                            | Suite, Apt. #, etc.<br><b>#1</b>                     |                            |
| City & State<br><b>PENSACOLA FLORIDA</b>                         |                            | City & State<br><b>PENSACOLA, FLORIDA</b>            |                            |
| Zip<br><b>32507</b>                                              | Country<br><b>ESCAMBIA</b> | Zip<br><b>32507</b>                                  | Country<br><b>ESCAMBIA</b> |

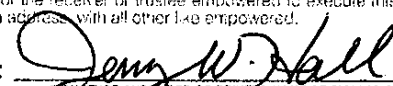
DO NOT WRITE IN THIS SPACE

|                                                           |  |                                         |
|-----------------------------------------------------------|--|-----------------------------------------|
| 4. FEI Number<br><b>432043082</b>                         |  | Applied For<br><input type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> |  | \$8.75 Additional Fee Required          |

|                                   |                                                                                              |                                  |
|-----------------------------------|----------------------------------------------------------------------------------------------|----------------------------------|
| <b>DO NOT WRITE IN THIS SPACE</b> | 7. Name and Address of Current Registered Agent                                              |                                  |
|                                   | Name <b>SUZANNE W. MCCARTHY</b>                                                              |                                  |
|                                   | Street Address (P.O. Box Number is Not Acceptable)<br><b>1194 MAHOGANY MILL ROAD UNIT #1</b> |                                  |
|                                   | City <b>PENSACOLA</b>                                                                        | State <b>FL</b> Zip <b>32507</b> |

|                                                                                                                                                                                                                              |                                                                                                                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent. |                                                                                                                        |
| SIGNATURE                                                                                                                                  | DATE <b>6/8/05</b>                                                                                                     |
| <p>January 1 - May 1 Fee is \$150.00<br/>After May 1, Fee is \$550.00<br/>Amended UBR is \$61.25<br/>Make Check Payable to Florida Department of State</p>                                                                   | <p>9. Election Campaign Financing<br/>Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees</p> |

| 10. OFFICERS AND DIRECTORS                                  |                                                             |  |  |
|-------------------------------------------------------------|-------------------------------------------------------------|--|--|
| <p>TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-STATE-ZIP</p> | <p>TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-STATE-ZIP</p> |  |  |
| <p>TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-STATE-ZIP</p> | <p>TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-STATE-ZIP</p> |  |  |
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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(n), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or on an attachment with an address with all other I am empowered. |                                                                     |
| <p>SIGNATURE: </p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <p><b>PRES. / SEC. JERRY W. HALL</b> <b>6/9/05 813-963-0050</b></p> |

CR2E034B (12/02)